FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response	: 0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

					_						ilpuriy Act c	_								
1. Name and Address of Reporting Person*  Vu Marcie					2. Issuer Name <b>and</b> Ticker or Trading Symbol ThredUp Inc. [ TDUP ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>va marcic</u>													$\dashv$	X Dire	ector		10% O	wner		
(Last)	(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/02/2023									Offic belo	cer (give title ow)		Other ( below)	specify			
C/O THREDUP INC.					4 If Ar	If Amendment, Date of Original Filed (Month/Day/Year)							6 1	6. Individual or Joint/Group Filing (Check Applicable						
969 BROADWAY, SUITE 200				4. It another on the distribution of the control of								Line)								
														X Form filed by One Reporting Person						
(Street) OAKLAND CA 94607														For Per	m filed by Mo son	ore than	One Rep	orting		
			4007		Dul	Dula 10hE 1(a) Transaction Indication														
(Oit )	(0)	-+-> /=	7:\		Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														tended to	
		Table	l - Noı	n-Deriva	tive S	ecur	ities A	cq	uired, [	Disp	osed of	f, or	Ben	eficia	ally Ow	ned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Execution Date,			•	Transaction Disposed Code (Instr. and 5)			ities Acquired (A d Of (D) (Instr. 3,			Secu Bene Owne Follo	ficially ed wing		Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(/	A) or O)	Price		rted saction(s) . 3 and 4)				
Class A Common Stock 08/02/2					2023				A <sup>(1)</sup>	A <sup>(1)</sup> 4,403			A	\$0	138,953		1	D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
			1	(e.g., pu	ts, cai	ıs, v	varran	ιs,	options	s, c	onvertib	ie s	ecur	ities	)	1				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date if any		tion Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f g	8. Price of Derivative Security (Instr. 5)		y D o (I	0. Ownership orm: Oirect (D) or Indirect ) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A) (E	p)	Date Exercisal		Expiration Date	Title	or Nur of	ount nber ıres						

## Explanation of Responses:

1. Grant of fully vested restricted stock units ("RSUs") under the Issuer's 2021 Stock Option and Incentive Plan in a transaction exempt under Rule 16b-3. Each unit represents a right to receive one share of the Issuer's Class A Common Stock. The Reporting Person elected to receive RSUs in lieu of her annual cash retainer, which retainer is paid in quarterly installments.

## Remarks:

/s/ Alon Rotem, Attorney-in-

08/04/2023

**Fact** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.